Icon Adult Manual Wheelchair 510(k) SUMMARY
A summary of 510(k) safety and effectiveness information in accordance with the requirements of 21 CFR 807.92.

Submit	ter Information						
Name		Icon Wheelch	airs Inc.				
Address		P.O. Box 418 Northampton,	P.O. Box 418 Northampton, MA 01060				
Phone number		413-584-4491					
Fax number		413-380-0177	413-380-0177				
Name of contact person		Tom Horton	Tom Horton				
(	Date prepared	April 1, 2011	April 1, 2011				
Name o	f device						
Trade or proprietary name		Icon Adult Ma	Icon Adult Manual Wheelchair				
Common or usual name		Mechanical W	Mechanical Wheelchair				
(	Classification name	Wheelchair M	Wheelchair Mechanical				
Classification panel		Physical Medi	Physical Medicine				
Regulation		890.3850	890.3850				
duct Code(s)		IOR	IOR				
Legally marketed device(s) to which equivalence is claimed		Marvel Wheel	Marvel Wheelchair model K082970				
Reason for 510(k) submission		The Icon Adult Manual Wheelchair is a new device.					
Device description		The Icon Adult Manual Wheelchair is a rigid manual wheelchair, with a centralized modular design. The frame components of the chair are aluminum.					
Intende	d use of the device	The Icon Adult Manual Wheelchair is a mechanical wheelchair intended to provide mobility to persons with disabilities restricted to a seated position.					
	ons fo <b>r us</b> e	The Icon Adult Manual Wheelchair is a mechanical wheelchair intended to provide mobility to persons with disabilities restricted to a seated position.					
Summary of the technological characteristics of the device compared to the predicate device					<del></del> -		
	Element of	Icon Adult	Marvel	Comparison to the predicate			
	Comparison	Manual Wheelchair	Wheelchair K082970	device			
	Product Weight	23 lbs	23lbs	No substantive differentiation	-		
	Patient Capacity	250	250	No substantive differentiation	1		
	Frame Material	Aluminum,	Aluminum	No substantive differentiation	1		
		titanium, and	and	,			
		composite	composite				
<u> </u>		materials	materials				

Suspension	Air Shock	Air Shock	No substantive differentiation	<del></del>
Seat Width	12-19"	12-18"	The predicate device adjusts in	
Som Width	12-17	12-10	1 - 1	
		•	width using a system based on the	
			side-guards, whereas the Icon Adult	
			Manual Wheelchair seat width	
			adjustment system relies on the	
			backrest canes. The Icon system	
			will add to the structure of the	
<u>.</u>			backrest, adding strength.	
Seat Depth	12-20"	12-20"	No substantive differentiation	
Rear Seat to Floor	12-21"	15-21"	The Icon Adult Manual Wheelchair	
Height			system for adjusting the rear seat	
			height is based on a threaded seat-	
			tube system that does not require the	
			use of a "shim-kit" or replacing	
			hardware as is the case in the	
			predicate device.	
Front Seat to Floor	12-21"	16-21"	The Icon Adult Manual Wheelchair	
height			system for adjusting the rear seat	
			height is based on a threaded seat-	
			tube system that does not require the	
			use of a "shim-kit" or replacing	
			hardware as is the case in the	
	<u> </u>		1	
Seat panel	Carbon Fiber	Carbon Fiber	Predicate device.  No substantive differentiation	
Scat paner		Carbon Floer	No substantive differentiation	
Backrest	or Composite	O 1 E1		
	Upholstery or	Carbon Fiber	The Icon Adult Manual Wheelchair	
composition	solid (carbon		will be different from the predicate	
	fiber,		device in offering a wider choice of	
	aluminum or		materials for the backrest.	
	composite)			
Castors	Elastomer tire	Elastomer tire	No substantive differentiation – the	
	on aluminum	on aluminum	castors are provided by third party	
	or composite	or composite	vendors and are common to the	
	hub, available	hub, available	wheelchair industry.	
	in sizes from	in sizes from		
.,	3-6"	3-6"		
Backrest	Available in	Available in	The backrest adjustment system in	
manipulation	fixed or	fixed or	the Icon Adult Manual Wheelchair	
	folding.	folding.	will widen the distance between the	
		_	backrest canes – this will provide	
			additional lateral structural integrity	
			under torsion load.	
Rear wheel camber	Available	Available	No substantive differentiation	
angles	from 0-6	from 0-6	Substitution	
	degrees	degrees	, [	
<u>L</u>	uegices	degrees		

	Handrims	Aluminum	Aluminum	No substantive differentiation
	Rear Wheels	20, 22, 24, 25, 26	20, 22, 24, 25, 26	No substantive differentiation
	Drive	Manual	Manual	No substantive differentiation
	Footrest adjustability	Footrest can be adjusted forward, backward, in height, and for angle.	Footrest can be adjusted in height.	The Icon Adult Manual Wheelchair will offer an angle adjustable footrest option, allowing the user to adjust the angle of the footrest, improving comfort and reducing strain on the ligaments of their lower legs – the predicate device does not provide a similar option.

#### PERFORMANCE DATA

# SUMMARY OF NON-CLINICAL TESTS CONDUCTED FOR DETERMINATION OF SUBSTANTIAL EQUIVALENCE

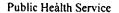
## **Performance Test Summary-New Device**

Characteristic	Standard/Test/FDA Guidance	Results Summary	
Static Stability	ANSI/RESNA WC/Volume 1- 1998, Section 1: Determination of Static Stability	There is no pass/fail criteria for this test – results were as expected	
Overall dimensions, mass and manoeuvring space	ANSI/RESNA WC/Volume 1- 1998, Section 5: Determination of overall dimensions, mass and manoeuvring space	There is no pass/fail criteria for this test – results were as expected	
Static, Impact & Fatigue Strength	ANSI/RESNA WC/Volume 1- 1998, Section 8: Requirements and Test Methods for Static, Impact and Fatigue Strengths	There is no pass/fail criteria for this test – results were as expected	
Resistance to Ignition	ANSI/RESNA WC/Volume 1- 1998, Section 16: Resistance to Ignition of Upholstered Parts	There is no pass/fail criteria for this test – results were as expected	

# CONCLUSIONS DRAWN FROM NON-CLINICAL AND CLINICAL DATA

There are no pass/fail criteria for these test – results were as expected.

#### DEPARTMENT OF HEALTH & HUMAN SERVICES





Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

Icon Wheelchair Inc.

% Regulatory Technology Services, LLC.
Mr. Mark Job
1394 25<sup>th</sup> Street, Northwest
Buffalo, Minnesota 55313

MAY - 3 2011

Re: K110985

Trade/Device Name: Adult Manual Wheelchair

Regulation Number: 21 CFR 890.3850 Regulation Name: Mechanical wheelchair

Regulatory Class: Class I

Product Code: IOR
Dated: April 13, 2011
Received: April 18, 2011

Dear Mr. Job:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

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forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm">http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</a> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <a href="http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm">http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm</a>.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic

And Restorative Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

### **Indications for Use**

510(k) Number:							
Device Name: Icon Adult Manual Wheelchair							
Indication for Use: The Icon Adult Manual Wheelchair is a mechanical wheelchair intended to provide mobility to persons with disabilities restricted to a seated position.							
Prescription Use	And/Or	Over the	Counter UseX				
(21 CFR Part 801 Subpart D)		. (21 CFR	Part 801 Subpart C)				
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Concurrence of CDRH, Office of Device Evaluation							
· ——							
	Division Sign-(	Off	(Division Sign-Off) Division of Surgical, Orthopedic,				
	Office of Device Ev	aluation	and Restorative Devices				

**Evaluation and Safety** 

510(k)\_\_\_\_\_

510(k) Number K110985